



Request for consent to control measures

General information			
Person concerned			
Last name		First name	
Date of birth yyyy-mm-dd		No of the Curateur public's file (if known)	
Person making the request			
Last name		First name	
Fonction	Telephone	Ext.	Fax
Email			
Name of the institution			
Address No, street, city			Postal code
Person to whom to return consent			
Last name		First name	
Fonction	Telephone	Ext.	Fax
Email			
Name of the institution			
Address No, street, city			Postal code

Request for consent to control measures

Ability of the person concerned to consent to the proposed control measures

Important: Being represented does not prevent the person from consenting to getting care. The professional proposing the control measures must assess the person's ability to consent to the proposed measures. If the person is able to do so, it is only that person who consents, not the Curateur public.

The person was assessed:

☐ **able** to consent.

If the professional assesses the person as being able to consent, no request is needed. However, if the person is represented by the Curateur public, we wish to be informed about this. To do so, contact the Direction médicale et du consentement aux soins at 514 873-5228.

☐ **unable** to consent.

Does the person have a guardian other than the Curateur public?

☐ **Yes.** Ask for their consent. If you do not know the contact information for the guardian, contact the Curateur public at 514 873-4074 or 1 844 LECURATEUR (532-8728).

☐ **No.** Please complete the following sections.

Last name of the physician proposing the control measures

First name

Proposed control measures

Exchange of information with the person who is unable to consent

The individual:

☐ was informed in a manner consistent with their communication abilities.

Result of the exchange, including the wishes and preferences of the individual unable to consent:

☐ was not informed. Justification:

Exchange of information with a relative

☐ A relative was informed.

Last name of the relative

First name

Relationship to the individual unable to consent

Result of the exchange, including the represented person's previously expressed wishes and preferences, if known.



Clinical description

Behaviours or problems that led to the selection of these control measures

Other measures tried

Implementation methods (Attach treatment plan.)

Frequency of use if this is a renewal

General profile

Ability to express needs, judgment and cognition

Mobility

Continence

Autonomy in eating, bathing and dressing

Activities

Collaborative care

Physician's signature and date